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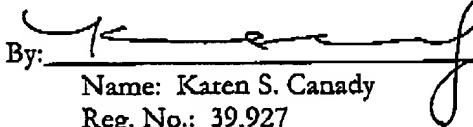
TO: Commissioner for Patents
 Attn: Examiner James O. Wilson
 Patent Examining Corps
 Facsimile Center
 Washington, D.C. 20231

FROM: Karen S. Canady
 OUR REF.: G&C 30794.30-US-WO
 TELEPHONE: (310) 642-4148

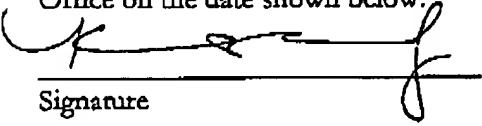
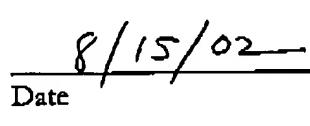
OFFICIALTotal pages, including cover letter: **13****PTO FAX NUMBER: 703 872 9307**

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Title of Document Transmitted:	AMENDMENT UNDER 37 C.F.R. 1.111 INCLUDING AN APPENDIX SHOWING THE CHANGES MADE AND PTO-2038 CREDIT CARD PAYMENT FORM.
Applicant:	Norbert O. Reich et al.
Serial No.:	09/485,071
Filed:	February 3, 2000
Group Art Unit:	1623
Our Ref. No.:	G&C 30794.30-US-WO

By: 
 Name: Karen S. Canady
 Reg. No.: 39,927

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

 Signature Date

8/15/02

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Resending to include
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G&C 30794.30-US-WO

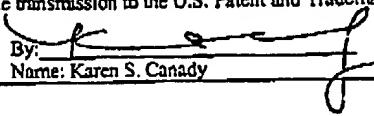
Due Date: August 15, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norbert O. Reich et al. Examiner: James O. Wilson
 Serial No.: 09/485,071 Group Art Unit: 1623
 Filed: February 3, 2000 Docket: G&C 30794.30-US-WO
 Title: MODULATORS OF DNA CYTOSINE-5 METHYLTRANSFERASE AND METHODS FOR USE THEREOF

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on August 15, 2002.

By: 
Name: Karen S. Canady

BOX AF
 Commissioner for Patents
 Washington, D.C. 20231

Dear Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- Amendment Under 37 C.F.R. 1.116 including an Appendix showing the changes made.
- PTO-2038 Credit Card Payment Form for the amount of \$42.00 for the additional fees is enclosed herewith.

CLAIMS PRESENT

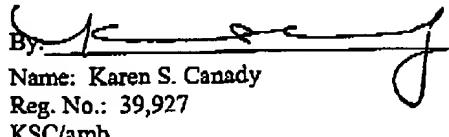
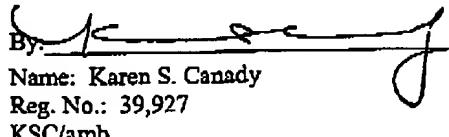
Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate		Fee
Total Claims					
23	25	0	x \$9.00	=	\$0.00
Independent Claims					
5	4	1	x \$42.00	=	\$42.00
MULTIPLE DEPENDENT CLAIM FEE					\$0.00
TOTAL FILING FEE					\$42.00

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 A duplicate of this paper is enclosed.

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